



# State of New Hampshire 2004 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2004

ANNUAL REPORTS RECEIVED AFTER APRIL 15, 2004,  
WILL BE ASSESSED A \$50.00 LATE FEE.

Filed  
Date Filed: 08/17/2004  
Effective Date: 08/17/2004  
Business ID: 373992  
William M. Gardner  
Secretary of State  
200423011007

E.J.R., JR. DEVELOPMENT, L.L.C.

98 CASTLE HILL RD  
WINDHAM, NH 03087

## ADDRESS OF PRINCIPAL OFFICE:

98 CASTLE HILL RD  
WINDHAM, NH 03087

## 1 REGISTERED AGENT AND OFFICE:

EVERETT J. RYAN, JR.  
98 CASTLE RD  
WINDHAM, NH 03087

ENTITY TYPE: LLC  
BUSINESS ID: 373992  
STATE OF DOMICILE: NH  
FEDERAL ID: 020525830

RESIDENTIAL & COMMERCIAL REAL ESTATE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☒ The new mailing address P.O. Box 1017, Windham, NH 03087

☐ The new principal office address

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

A

NAME Everett J. Ryan, Jr.  
STREET P.O. Box 1017  
CITY/STATE/ZIP Windham, NH 03087  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

B

NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....  
NAME .....  
STREET .....  
CITY/STATE/ZIP .....

To be signed by the Manager, if no manager, must be signed by a member.

I, the undersigned do hereby Certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Everett J. Ryan, Jr., Manager

Please print name and title of signer:

Everett J. Ryan, Jr. / Manager  
NAME TITLE

REPORT FEE IS: \$150.00

E-MAIL ADDRESS (OPTIONAL):



WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE

REQUIRED INFORMATION MUST BE COMPLETE OR THE REG  
MAKE CHECK PAYABLE TO SECRET  
RETURN COMPLETED REPORT AND  
New Hampshire Department of State, Annual Reports, P.O. Bo

State of New Hampshire  
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